



After-School Program Provider Forum & Training

"Seven Strategies for Developing Capable Young People"

Wed, Oct 17 from 9:00a-2:00p



Event is FREE, but advance registration required. Lunch is provided

Registration Deadline: Fri, Oct 12
Space is limited. Register today!

Mail or deliver registration forms to Bureau of Youth Services, Attn: ASP, 700 E. Olney Road, Norfolk, VA 23504. Registration forms can also be scanned and emailed ladonna.gardner@norfolk.gov. For more information, call (757) 441-2400, ext. 225.

Registration Form

(Please print legibly. Thank you.)

Business/Organization Name: _____ **Position Title:** _____

Participant Name: _____ **Gender:** ☐ Male ☐ Female
First Last

Street Address (no P.O. Boxes): _____
Residence Street Address City State Zip

Mailing Address (if different from above): _____
Street or P.O. Box City State Zip

Participant Phone Number: (Day) () - (Evening) () - (Cell) () -

Participant Email Address: _____

Medical Concerns: _____

Food will be served at the event. Do you have any dietary restrictions or food allergies? Yes ___ No ___

If yes, explain: _____

List emergency contacts below.

Emergency Contact #1: _____ **Relationship to Applicant:** _____ **Phone Number:** () -

Emergency Contact #2: _____ **Relationship to Applicant:** _____ **Phone Number:** () -

Statement of Understanding: I (or the participant who I represent) hereby acknowledge, accept and agree to abide by all rules, regulations and policies.

Acknowledgment of Risks/Medical Treatment Permission: In consideration of my participation in the activity and/or facilities provided by and through the City of Norfolk Department of Recreation, Parks & Open Space (RPOS). I, for myself or on behalf of the participant who I represent, authorize the City of Norfolk Department of Recreation, Parks & Open Space and/or affiliate staff to take and provide all necessary medical attention should I, or the participant who I represent, be injured while participating or being transported to or from any RPOS-sponsored activity and/or facility. I have read the policies pertaining to cancellations, refunds, rules and regulations as they pertain to these activities and/or facilities. I acknowledge and assume the risks and responsibilities involved in these activities and/or in participating at these facilities. I assume these risks realizing the capabilities of the person(s) participating. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

By affixing signatures below, this indicates that I (and/or the participant who I represent) have read, understand and agree with the terms and conditions for participating in this program:

_____/_____/2012
Applicant Signature Date

Photo Permission Release Agreement: OPTIONAL. I understand that I (or the participant who I represent) may be photographed and/or videotaped while participating during this activity and/or at this facility. I agree to allow the City of Norfolk Department of Recreation, Parks & Open Space to use said photographs and/or videotapes in Department/Organization publications, media campaigns, educational and/or safety purposes. I further waive any remuneration for publishing and/or printing such photographs. I understand that by affixing my signature on this form that I attest to having read, fully understand and agree to the conditions as set forth above.

_____/_____/2012
Applicant Signature Date